



CHECK REQUEST

Name _____ DOC number _____ Facility _____ Date _____

PAYEE: _____ Date: _____ \$ _____

Address: _____

Explain: _____

PAYEE: _____ Date: _____ \$ _____

Address: _____

Explain: _____

Signature _____ Date _____

Case manager/designee _____ Signature _____ Date _____

Community Corrections Supervisor/designee _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: **WHITE** - Business Office/Imaging file

CANARY - Incarcerated individual

DOC 06-074H (Rev. 03/03/20)

DOC 200.000

Scan Code TA04



CHECK REQUEST

Name _____ DOC number _____ Facility _____ Date _____

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Explain: _____

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Signature _____ Date _____

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